

EPA-R5-2014-003046

List Of Enclosures For:

Illinois Waste Incorporated
25 North Ottawa Street
Joliet, Illinois 60431

ILD 980 613 020

Total (10 pages)

- Illinois Environmental Protection Agency letter dated April 16, 1982 (1 page)
- Illinois Environmental Protection Agency memorandum dated January 19, 1982 (1 page)
- RCRA Inspection Report-Interim Status Standards Form C-Transporter Inspection (40 CFR Part 263) (3 pages)
- Inspection Review Form (1 page)
- Notification Of Hazardous Waste Activity Form dated August 28, 1981 (2 pages)
- Acknowledgement Of Notification Of Hazardous Waste Activity (Verification) dated October 26, 1981 (1 page)
- Respondent Contact Record (1 page)



Environmental Protection Agency

1701 S. First Street Maywood, IL. 60153 718

312/345-9780

Refer to: General - Will County - Joliet/Illinois Waste, Inc.
ILD980613020

April 16, 1982

Illinois Waste, Inc.
25 N. Ottawa Street
Joliet, Illinois 60431

RECEIVED

APR 19 1982

WASTE MANAGEMENT BRANCH
EPA, REGION V

Gentlemen:

An inspection of the above facility was conducted by a representative of the Illinois Environmental Protection Agency (IEPA) on January 19, 1982. This inspection was conducted by the Illinois Environmental Protection Agency under a Cooperative Arrangement with, and authorization of, the United States Environmental Protection Agency (USEPA). A copy of the inspection report is enclosed. The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) of 1976, P.L. 94-580, as amended. According to the report your firm does not handle hazardous wastes. Should you transport hazardous wastes in the future, please be advised that you would have to comply with the requirements set forth in 40 CFR Part 263.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report, please contact Jim Wiggins at the above number.

Sincerely,

Kenneth P. Bechely, Northern Region Manager
Field Operations Section
Division of Land/Noise Pollution Control

KPB:JKW:prb

Enclosure: Inspection Report

cc: Division File
Northern Region
U.S. E.P.A. - Region V



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

MEMORANDUM

TO:

Division File

DATE:

1/10/83

FROM:

J. Wiggins

☒ Information only

SUBJECT:

Wild Bird - Ground - Illinois White Duck

☐ Response requested

Illinois White Duck in a transporter, at general refuse and
wild waste. They have not yet transported any hazardous
waste, but a transporter doing so in the future. Requested
special manifests as on file for special waste transporter.

SWH # 08 4
STATE IDENTIFICATION NUMBER
(If Applicable)

ILD980613020
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form C - Transporter Inspection
(40 CFR Part 263)

I. General Information:*

(A) Transporter Name: Illinois Waste Line
(B) Street: 25 N Ottawa St.
(C) City: Joliet (D) State: Ill (E) Zip Code: 60431
(F) Phone: (815) 7267407 (G) County: Will
(H) Date of Inspection: 1/19/82 Time of Inspection (From) 1:30 pm (To) 2:00 pm
(I) Weather Conditions: 23° - sunny - dry

(J) Person(s) Interviewed	Title	Telephone
<u>Shirley Snodde</u>	<u>Bookkeeper</u>	<u>(815) 7267407</u>
_____	_____	_____
_____	_____	_____

(K) Inspection Participants	Agency/Title	Telephone
<u>Shirley Snodde</u>	<u>Illinois Waste/Bookkeeper</u>	<u>(815) 7267407</u>
<u>Jim Higgins</u>	<u>EPA/Environmental Protection Specialist</u>	<u>(312) 3459780</u>
_____	_____	_____
_____	_____	_____

(L) Preparer Information	Agency/Title	Telephone
Name: _____	_____	_____
<u>Jim Higgins</u>	<u>EPA/Environmental Protection Specialist</u>	<u>(312) 3459780</u>

*If site is also a generator do not complete Section I of this form.

Do not use this form if transporter is also a treatment, storage, and/or disposal facility.
Complete form "A" if the transporter is also a TSD facility.

II. OTHER TYPES OF HAZARDOUS WASTE ACTIVITY

(A) _____ Treatment, Storage, and/or Disposal

(B) _____ Generator (Form B)

(If site is also a generator or TSD, attach this form to form "A" or "B" as appropriate.)

Briefly describe site activity: Lillins waste is a transporter of various waste products. They have not yet transported any hazardous wastes.

III. MANIFEST SYSTEM AND RECORDKEEPING (Subpart B)

	Yes	No	NI*	Remarks
(A) Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?	—	<input checked="" type="checkbox"/>	—	<u>none hauled yet</u>

IV. INTERNATIONAL SHIPMENTS

	Yes	No	NI*	Remark Number
A. Does the Transporter record on the manifest the date the waste left the U.S?	—	—	<input checked="" type="checkbox"/>	—
B. Are signed completed manifest(s) on file?	—	<input checked="" type="checkbox"/>	—	<u>none yet transported</u>

*Not Inspected

Rev. 1-26-81/J.B.

V. MISCELLANEOUS

A. Does transporter haul
Hazardous Waste into the
U.S. from Abroad?

— ☒ —

B. Does the transporter mix
Hazardous Waste of different
DOT shipping descriptions
by placing them into a single
container?

— ☒ —

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator Regulations.

VI. REMARKS

Remarks: Illinois waste ~~is~~ is a transporter of various
waste products. They have not yet transported any hazardous
wastes, but anticipate doing so in the future

INSPECTION REVIEW FORM

NAME OF FACILITY: Illinois Waste, Inc

ID NO. ILD980613020

LOCATION: (Address): 25 N. Ottawa St
Joliet IL 60431

OPERATION: G T TSD
(Circle Appropriate)

INSPECTOR S F J

DATE OF INSPECTION: 4-19-82

NAME OF REVIEWER & DATE: SKSwanson 5-29-82

COMPLIANCE STATUS
(circle one) IN OUT

VIOLATION CLASSIFICATION: None I II III

STATE ACTION: Sent letter 4-16-82 does not handle haz waste

RECOMMENDED ACTION:

NONE MONITOR STATE LETTER ADMINISTRATIVE COMPLAINT REFERRAL

ASSIGNEE: _____

DATE ASSIGNED: _____

cc: Unit Inspection Log

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I L D 9 8 0 6 1 3 0 2 0 3 1 A 8 1 0 9 0 2

I. NAME OF INSTALLATION

I L L I N O I S W A S T E I N C

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 2 5 N O O T T A W A S T R E E T

CITY OR TOWN

ST.

ZIP CODE

4 J O L I E T I L 6 0 4 3 1

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 S A M E

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 P R U I M R O B E R T S E C 8 1 5 7 2 6 7 4 0 7

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 E D W A R D P R U I M

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☐ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

I L D 9 8 0 6 1 3 0 2 0

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY																
5	4	3	2	1	0	9	8	0	6	1	3	0	2	0	2	1
												T/A	C			
												13	14	15		

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE <i>Robert Pruim Sec.</i>	NAME & OFFICIAL TITLE (type or print) Robert Pruim, Sec.	DATE SIGNED 8/28/81
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EPA Form 8700-12 (6-80) REVERSE

V. OWNERSHIP

Robert Pruim



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•ILD980613020

INSTALLATION ADDRESS

ILLINOIS WASTE INC
25 NO OTTAWA STREET
JOLIET

IL 60431

25 NO OTTAWA STREET
JOLIET

IL 60431

RESPONDENT CONTACT RECORD (RCR)

FACILITY ID NUMBER		COMPANY NAME		
I L D 9 8 0 6 1 3 0 2 0		ILLINOIS WASTE INC		
COMPANY ADDRESS		CITY	STATE ABBREV.	ZIP CODE
25 N. OTTAWA ST.		JOHLET	IL	6 0 4 3 1
CONTACT PERSON'S NAME/TITLE		TELEPHONE NUMBER (INCLUDE AREA CODE)		
ROBERT PERKINS / Sec.		8 1 5 7 2 6 - 7 4 0 7		

CONTACT RECORD

[illegible]